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Patent
Attorney's Docket No. 033136-182

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
)
BOLTON et al.) Group Art Unit: 1646
)
Application No.: 09/871,146) Examiner: O. Chernyshev
)
Filed: May 25, 2001)
)
For: APOPTOTIC ENTITIES FOR USE IN)
TREATMENT OF)
NEURODEGENERATIVE AND OTHER)
NEUROLOGICAL DISORDERS)

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AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT
TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is an Amendment and Response to Restriction Requirement for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 (248) ☐ \$110.00 (148) to cover the requisite Government fee are also enclosed.
- ☐ Also enclosed is _____.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$370.00 (279) ☐ \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.

☐ No additional claim fee is required.

☒ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	31	MINUS 19 =	12	× \$18.00 (103) =	\$216.00
Independent Claims	5	MINUS 5 =	-0-	× \$84.00 (102) =	-0-
If Amendment adds multiple dependent claims, add \$280.00 (104)					
Total Amendment Fee					\$216.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					\$108.00
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$108.00

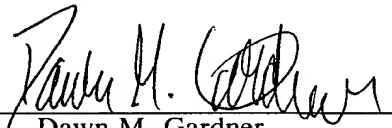
☒ A claim fee in the amount of \$ 108.00 is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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Date: May 16, 2002